

APPENDIX 3: TEAM REGISTRATION FORM

Team POC	POC Telephone Number	POC Email Address			
TEAM MATCH TYPE	___ Rifle ___ Pistol	**PLEASE USE SEPARATE ENTRIES EACH FOR RIFLE AND PISTOL TEAM EVEN IF SAME 4 SHOOTERS ARE SHOOTING BOTH			
Last Name	First Name	MI	ANG / ARNG	Rank	SSN

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC 3012 and EO 9397. ROUTINE USES: Assign individual to correct component, classification, event and prepare participant roster. Social security number is used for positive identification. Home address ensures the delivery of correspondence.

Comments: _____

Team Capitan Printed Name & Signature _____

Date _____ Email Address _____

Contact Number _____